

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition)
for Termination of Probation of:)
)

LEE ALLEN WOOLF, M.D.,)
Certificate # G-14689)

No. D-3459

Respondent.)
_____)

L-55356

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on March 19, 1992.

IT IS SO ORDERED February 18, 1992.

MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By *Theresa J. Claassen*
THERESA CLAASSEN, Secretary-Treasurer

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LEE ALLEN WOOLF, M.D.,)	No. D-3459
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Respondent.)	L-55356
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PROPOSED DECISION

This matter was heard on November 14, 1991, at Torrance, California, by a panel of the Medical Quality Review Committee of District 12, consisting of Mary Bailiff, Brian Carroll, Pierre Haig, M.D., Guy Hartman, M.D., Ellen Johnson, R.N., Ernest Strauss, M.D., and James Watson, M.D., Chairperson. Rosalyn M. Chapman, Administrative Law Judge of the Office of Administrative Hearings, presided over the hearing. Earl R. Plowman, Deputy Attorney General, represented the Attorney General. Respondent was present throughout the hearing and represented himself.

Oral and documentary evidence having been received and the matter submitted, the Panel finds as follows:

FINDINGS OF FACT

1. On October 22, 1975, the Board of Medical Examiners, State of California, the predecessor agency to the Medical Board (hereafter Board), following an administrative hearing, revoked physician and surgeon's certificate no. G14689 previously issued to Lee Allen Woolf, M.D. (hereafter respondent), stayed the revocation, and placed respondent on probation for five years on certain terms and conditions. The basis of the Board's action was that respondent was mentally ill within the meaning of Business and Professions Code (BPC) section 2417 (the predecessor of BPC Section 822) and that he acted unprofessionally due to his "consumption of alcohol."

2. On February 26, 1987, the Division of Medical Quality, Board of Medical Quality Assurance, State of California, another predecessor agency to the Board, pursuant to stipulation between respondent and the Board, again revoked respondent's physician and surgeon's certificate no. G-14689, stayed the revocation, and placed respondent on probation for seven years on certain terms and conditions, including: that he undergo a psychiatric evaluation within 30 days; on a periodic basis, undergo and continue psychotherapy treatment, as necessary; have the treating therapist submit quarterly reports to the Board; and the like. The basis of the Board's decision was that respondent was suffering from a mental illness within the meaning of BPC Section 822.

3. It is undisputed that respondent has a mental disorder, probably stemming from a chemical imbalance, which can be controlled with proper medication. Respondent's mental disorder manifests itself as a bipolar problem, with respondent at times demonstrating symptoms of mania and at times demonstrating symptoms of depression. To control this bipolar condition, respondent has been regularly taking Lithobid (Lithium with sodium) at the therapeutic level of 1.2. This level of Lithobid maintains respondent's mood euthymic.

4. Respondent's treating psychiatrist is Richard I. Torban, who evaluates respondent at least every three months and who prescribes Lithobid for respondent. Dr. Torban supports respondent's request to end probation.

5. Starting in July 1987, respondent began attending meetings of the Board's diversion program twice each month. There was some difficulty in integrating respondent into the diversion program, which is designed primarily for alcoholics and drug abusers. Respondent has abused alcohol in the past, but that was due to respondent's chemical imbalance rather than the disease of alcoholism; respondent drank to excess when he was manic or euphoric. While on Lithobid, respondent has no interest in drinking alcoholic beverages.

6. Respondent is in compliance with all probationary terms and conditions.

7. For the past few years, respondent's medical practice has been primarily the evaluation on behalf of insurance carriers of injured workers who are applying for workers' compensation benefits. In addition to examining injured workers, respondent prepares written reports for the workers' compensation system, and occasionally provides evidence as an expert witness.

8. In order to continue evaluating, reporting, and testifying on behalf of insurance carriers and others in workers' compensation matters, respondents need to become a qualified medical examiner. Eliminating probation and restoring respondent's license to its full status would assist respondent in obtaining certification as a qualified medical examiner.

9. Respondent also desires to have his probation terminated so that he may again perform surgery. At one time respondent was a Fellow of the American College of Surgeons. When his license was revoked, respondent lost his status as a Fellow, and respondent would also like to regain that status. Respondent has no hospital privileges.

10. Respondent has been married for 38 years, and has two grown children.

11. Respondent is making rehabilitation progress, but is not yet fully rehabilitated. His mental problems are long standing. Without testimony from respondent's treating psychiatrist and others, respondent has not met his burden of proving that he no longer needs probation to enforce his regular, periodic treatment and evaluation by a psychiatrist and the attendant prescription of Lithobid. The possibility of a relapse always exists; respondent's history demonstrates that although he has been aware of his mental condition for almost twenty years, he has had periods when he has not taken medication required to control his mental condition and has allowed himself to become out of control, and to drink excessively. No network has been setup by respondent to assure that he would continue to receive psychiatric treatment, and the prescription of Lithobid, if his probation were terminated. Such a network is needed before respondent's probation can be terminated.

12. Respondent has not been performing surgery for the past five years. His surgical skills are undoubtedly not as sharp as when he was regularly operating. To end respondent's probation without respondent demonstrating that he has taken steps to refresh his surgical skills would be contrary to the public welfare. It is strongly suggested that respondent take continuing medical education courses which focus on surgical skills and recent surgical developments, and perhaps participate in a clinical, surgical setting, if respondent plans to operate on patients after probation is ended.

* * * * *

Pursuant to the foregoing Findings of Fact, the Panel makes the following Determination of Issues:

CONCLUSIONS OF LAW

Cause does not exist pursuant to Business and Professions Code section 2307 to terminate respondent's probation in that respondent has failed to establish that he is rehabilitated, and early termination of probation would be adverse to the public interest.

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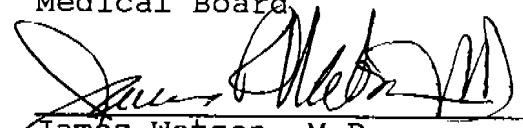
WHEREFORE, THE FOLLOWING ORDER is hereby made:

ORDER

The petition for termination of probation of Lee Allen Woolf, M.D., physician and surgeon's certificate no. G14689, is denied.

Dated: 12/13/91

Medical Quality Review Committee
District 12
Medical Board


James Watson, M.D.
Chairperson

RMC:lf